

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10804789

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4						
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		2				
13		2				
14		3				
15		4				
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27		4				
28		4				
29	1					
30	1					
31		4				
32		4				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	99					
TOTAL CLAIMS	105					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						